

## Mount Nittany Health – Student/Faculty ID Badge Liability Agreement

Student name: \_\_\_\_\_

Semester: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date badge received: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Badge disc # (last 5 digits): \_\_\_\_\_

\_\_\_\_\_

Expected return date: \_\_\_\_\_

\_\_\_\_\_

Date badge returned: \_\_\_\_\_

Email address: \_\_\_\_\_

If reported lost, date: \_\_\_\_\_

School: \_\_\_\_\_

Badge deactivated date: \_\_\_\_\_

1. I, the student/faculty borrower, agree that I will keep my student/faculty ID badge within my possession.
2. I agree that I will not lend the badge to anyone or leave it unsecured.
3. I agree to immediately notify Facilities and Plant Operations at 814.234.6161 if my badge is lost.
4. I agree to pay for the cost of a replacement badge (\$10) in the event that my badge is lost.
5. I agree to return the badge promptly upon the completion of my experience with Mount Nittany Health.
6. I agree to abide by Mount Nittany Health policy #3002: "Identification Badges."

\_\_\_\_\_  
(Student/faculty borrower's signature)

\_\_\_\_\_  
(Staff witness signature)

Borrower - Retain copy for your records.